Buckets of Smiles Scholarship 2024

Buckets of Smiles is a 501(c)3 nonprofit organization that was founded in 2017. The organization delivers hospital-approved activity items to childhood cancer patients in hospitals across the country as well as fundraises for childhood cancer research. This scholarship is to be awarded to a childhood cancer survivor who is a senior at a high school in the state of Alabama and will be attending a college or university. All applications, resumes, letters of recommendation, essays, and transcripts should be emailed to smilebuckets@gmail.com, and will remain confidential.

I. Personal Data

Name:			
(First)	(Middle)		(Last)
Address:			
elephone:			
Date of Birth:			
Currently living with	(mark the appropriate choice	e with an X):	
'arent(s):	Guardian(s):	Other:	
Name(s) of Parent(s)/Guardian(s):		
I. Financial Data			
- 	Occupation:		

Place of Employment:	
Mother's/Guardian's Place of Employ	rment:
Place of Employment:	
Please indicate with an X the family's	adjusted gross income for last year's tax return:
Under \$30,000	\$45,000 to \$50,000
\$30,000 to \$40,000	\$50,000 to \$60,000
\$40,000 to \$45,000	\$60,000 to \$70,000
	\$75,000+
Number of Dependents in Household:	
Ages of Dependents:	
Number of family members currently of	attending college (including applicant):
Please indicate any other financial cor	nsiderations which should be noted:
III. Academic Plans	
Name of college/university planning t	o attend:
Address of above named college/univ	versity:
Planned Program of Study:	

IV. Attach a resume.			
V. Attach a letter of recommendation from an adult individual who is knowledgable			
about your childhood cancer journey (ex. doctor, nurse, child life specialist, teache			
guidance counselor, etc.).			
VI. In 1,000 words or less, tell us your story. Write about your experience as a			
childhood cancer patient from your diagnosis until now.			
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With the signatures below, I give permission for the transcript of my child to be			
released to the Buckets of Smiles Scholarship Committee. All information submitted			
will be kept confidential.			
Applicant's Signature:			
Parent's/Guardian's Signature:			
Date:			

ALL REQUIRED INFORMATION IS DUE NO LATER THAN APRIL 1, 2024.